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| SERIAL NUMBER 10/669,965 | FILING DATE 09/24/2003 RULE | CLASS 430 | GROUP ART UNIT 1752 | ATTORNEY DOCKET NO. 87029KNM | | | | | | | | | | | | | | | |
| APPLICANTS William H. Simpson, Pittsford, NY; Robert F. Mindler, Churchville, NY; Jacob J. Hastreiter, Spencerport, NY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** | | | | | | | | | | | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/20/2003 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Foreign Priority claimed</td> <td style="width: 10%;"><input type="checkbox"/> yes</td> <td style="width: 10%;"><input checked="" type="checkbox"/> no</td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes</td> <td><input type="checkbox"/> no</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Met after Allowance</td> </tr> <tr> <td>Verified and Acknowledged</td> <td colspan="2" style="text-align: center;"><i>[Signature]</i> Examiner's Signature</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Initials</td> </tr> </table> | | | | | Foreign Priority claimed | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes | <input type="checkbox"/> no | | Met after Allowance | | Verified and Acknowledged | <i>[Signature]</i> Examiner's Signature | | | Initials | |
| Foreign Priority claimed | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | | | | | | | | | | | | | | | | | |
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| Verified and Acknowledged | <i>[Signature]</i> Examiner's Signature | | | | | | | | | | | | | | | | | | |
| | Initials | | | | | | | | | | | | | | | | | | |
| ADDRESS Paul A. Leipold Patent Legal Staff Eastman Kodak Company 343 State Street Rochester , NY 14650-2201 | STATE OR COUNTRY NY | SHEETS DRAWING 1 | TOTAL CLAIMS 17 | INDEPENDENT CLAIMS 1 | | | | | | | | | | | | | | | |
| TITLE Method of transferring a protective overcoat to a dye-donor element | | | | | | | | | | | | | | | | | | | |
| FILING FEE RECEIVED 880 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) | | | | | | | | | | | | | | | | | |

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